

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

4/28/04  
1230

Admin Note: Inmate presented for skin ✓  
on healed ulceration. Clean & dry. Intact,  
no drainage. Inmate states he has  
enough drugs for the week. Will be  
on call out in 7 weeks for rectal

N. NELSON, LPN

Reviewed by D. Olson, MD  
Date: 4/28/04

NEN 7640-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/7/04 1330	<p>⑤ Heel for dog change and F/U                      ulcer on leg. to pain &amp;                      drainage (see previous notes)                      ⑥ NAD                      exam - rt. anterior tibia had                      lg. area of venous insufficiency                      &amp; tissue breakdown, area                      now healed &amp; drainage                      tissues remains thin &amp; poor                      circulation                      (A) Venous insufficiency/healing                      ulcer                      (P) 1) dog change per order by                      nurse                      2) Educated on skin care &amp;                      F/U with verbalized                      understanding J. L. Egan</p>

J. L. Egan

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 07928-078
			WARD NO.

Cherry, Darryl

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1

000041

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE



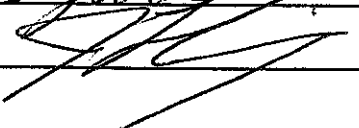
DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/2/04 1350	S: Emergency sick call C/O lower leg skin starting to break down. Would like to get dressing supplies. <del>feels</del> was bleeding yesterday. Does not want to get an unna boot O.N.A.D. L.H.: noted (R) anterior tibia & circular ulceration ~ 1cm noted (L) medial ankle & large ~ 5cm area & the beginning of skin degradation A: skin ulcer P: (1) Education - Pln 2/5/04 - will get unna boot if not better (2) Area cleaned & soap and dressed & selvadene, sterile 4x4's, ace wrap and thigh high stockings. (3) Education - wound care - Pt understands.	Eric Asp, PA-C FCI McKean
1/5/04 1200	(5) New skin ulcers on (R) lower tibia & (L) medial ankle. Pt states: ulcers are healing. Occasional PAIN tibia aching (6) SKIN: Widespread hyperpigmentation lower legs with skin breakdown evident. Two sites 1cm of ulceration & extremely scant drainage noted on dressing (7) medical ankle (L) (8) lower (R) tibia surface	Eric Asp, PA-C FCI McKean
Pt states he is on commissary restriction	(9) Venous Insufficiency → stasis ulcers, healing (10) 1. Continue Daily dressings (supplies given) 2A EUCERIN Apply to AA B10. 2B Tylenol 325mg 2 po TID prn pain * Pt given Commissary Pass for 3/8/04 if unqualified for OTC meds 3. ED is on 3/2/04. Commissary pass for duty ent error at 3/5 4. Fu prn via SLK.	402 #1 Rx 35 (five) #30 Rx 5 Steven Labrozzi, PA-C Physician Assistant
VIEWED BY: Geza, PharmD	HOSPITAL OR MEDICAL FACILITY	STATUS
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 07928-078
		WARD NO.

Cherry, Darryl

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 8-97)  
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FIRM (41 CFR) 201-9.202-1

000043

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3-17-04 1230hr	<p>Q51 y/o AA 07 PVD c Venous Stasis Ulcers.  RTE F/u Rt. Leg Ant. Tibial distal 1/3 &amp; Lt. leg  @ medial ankle ulceration c dressing &amp; supplies  self care activity; Report pain 4/10 &amp; scant ch. discharge  ② CPO x3, NAD, Ambulator &amp; affix. &amp; Ted's on.  Blat LE's - Legs/feet Hyperpigmentation c pedal  edema c breakdowns &amp; tender  Lt. Ankle medial &amp; fluid c scant ch. watery discharge  Blat. Pulses &amp; Temp. Equal; healing Ulcers H. ankle &amp;  Rt. leg.  ② PVD - Stasis Ulcers  ③ Dressings removed &amp; areas cleansed  Silvadene c 4x4 &amp; Kling, Venoject  Counal/Evaluate Can &amp; Use/compliance c tel  Supplies Issued  RTE PRN    Robert E. Piotrowski, PA-C  FCI McKean</p>
3/26/04 1230	<p>Admin Note: given supplies, by PA  Piotrowski    N. NELSON, LPN</p>
	<p>Reviewed by D. Olson, MD  Date: 3/29/04</p>
3/31/04 1015	<p>Admin note: dressing &amp; supplies given  </p>

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
2/4/04	<p>CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infectious ( ) Endocrine  ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General  ( ) Other: <i>Hepc. Peripheral Vascular D3</i></p> <p>SUBJECTIVE: (Chief Complaint) <i>feels well. abrasion right SCG  (R) anterior tibial surface - has  in/outline; needs Tapes/Sponges</i></p> <p>OBJECTIVE: (Review System) Age: <i>51</i> Sex: <i>Male</i> Race: <i></i></p> <p>B/P: <i>100/60</i> P: <i>70</i> Wt: <i></i> T: <i></i> R/R: <i></i> SO2%: <i></i> Peak Flow: <i></i></p> <p>HEENT: <i>OK</i> Last Op/Opht. Eval: <i></i></p> <p>Heart: <i>OK</i> <i>2cm abrasion ant @ ant tib</i></p> <p>Lungs: <i>Clear</i> <i>Surface - he self treat</i></p> <p>Abdomen: <i>Soft</i> <i>(S) (v) (u) (n) (e) (s) (u) (p) (p) (l) (i) (e) (s)</i></p> <p>Genital/Rectal: <i></i></p> <p>Extremities: <i></i></p> <p>Neuro: <i>Hep B core Ab + 5/17/03 5/18/03</i></p> <p>Recent Lab Results: <i>ALT 68</i> <i>HUE Hep A 15m @</i></p> <p>ASSESSMENT(S): <i></i></p> <p>DSM IV Classification <i></i></p> <p>Axis I: <i></i></p> <p>Axis II: <i></i></p> <p>Axis III: <i>Hepc. Peripheral Vascular D3</i></p> <p>Preventative Care: Diet <i>watch</i> Exercise <i>gym</i></p> <p>Tobacco Use: <i>occasional</i> Medication Side Effects: <i>no</i></p>	
PITAL OR MEDICAL FACILITY		STATUS
NSOR'S NAME		SSN/ID NO.
		DEPART./SERVICE
		RELATIONSHIP TO SPONSOR
IDENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.
		WARD NO.

Daryl Cherry

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 8-97)  
Issued by GSA/ICMR  
1R (4) (FRI) 201-8.202-1

000045

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
	Pain Level: <u>2</u> 3 4 5 6 7 8 9 10	
	PLAN:	
	Patient Education:	
	( ) Etiology, Complications, Prognosis, Prevention ( ) Diet, Diabetic/Cardiac/	
	Disease, Lifestyle Changes ( ) No Smoking ( ) Medication Dosage/Administration/	
	Compliance/Side Effects ( ) Patient Understood Topics ( ) Instructed if problems	
	or if running out of medication, should sign up for sick-call or send cop out.	
	Diagnostic Studies: ( ) CBC/Diff ( ) U/A ( ) LFT ( ) Chem Profile ( ) Lipids ( ) HgA1c	
	( ) PSA ( ) Viral Load ( ) CD4 ( ) Toxo IgG ( ) Hepatitis Panel	
	( ) CXR ( ) EKG ( ) Others:	
	Consultations: ( ) Optometrist ( ) Ophthalmologist ( ) Orthopedic Surgeon	
	( ) Others:	<u>Dr. [unclear]</u> <u>Th. [unclear]</u>
	Referral for Vaccination: ( ) Influenza ( ) Pneumococcal ( ) Other:	
	Return to Clinic for routine Follow-Up on: <u>3mo</u>	
	Treatment(s):	
	<u>Kef 10mg <math>\times</math> 30 RF 2</u>	
	<u>Hctz 50mg <math>\times</math> 30 RF 2</u>	
	<u>Silvadine one daily <math>\times</math> 1 RF 4</u>	
	<u>Trental 400mg <math>\times</math> 90 RF 2</u>	
	<u>Hep A &amp; B vaccine</u>	<u>[Signature]</u>
	<u>Steven Labrozzi, RPh</u>	<u>H. BEAM, MD</u>
	<u>Pharmacist</u>	<u>FCL MCKEAN</u>

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STANDARD FORM 600 (REV. 6-97) BACK

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/11/03	SHU SICK CALL		
2010	<p>(S) C/o "right side burning up" + 7/10 burning pain at right flank "like fire on inside"</p> <p>x4 days.</p> <p>Prior episodes: "was hospitalized. It is because of [HCV]"</p> <p>C/o hair loss. Wants Lidex Oint refill which IM states was effective.</p>		
	<p>(D) NAD.</p> <p>Right Flank: (S) visible lesions erythema (IM does not point to RUQ as site of pain)</p>		
	<p>(A) Alopurin Flank pain</p>		
	<p>(P) 1. Lidex 0.05% OINTMENT Apply very small amt to AA BID</p> <p>2. Ibuprofen 400mg Tpo E food/milk QID prn pain in your right Side.</p> <p>3. FU prn via SHU S/C.</p>	#1 EX3	(SHU)
		#28 R x 3	(SHU)
	<p>Reviewed By: <i>[Signature]</i></p> <p>Geza, PharmD</p>	<p><i>[Signature]</i> Steven Labrozzi, PA-C Physician Assistant</p>	
	<p>Reviewed by D. Olson, MD Date: 11/13/03</p>		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 07928-078	WARD NO.

Cherry, George

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 8-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

000047



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-30-04	ADMIN NOTE
1230	<p>Pt requests re-issue of TED Note... rec'd last year 6-12 months ago... was complicated when Pt went into SHU.</p>
	<p>1. TED Note re-issued.</p>
	<p>2. NO immediate refills <sup>next time</sup> unless seen via STC appointment.</p>
	<p><i>[Signature]</i></p>

000048

DATE: 11/4/03 SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)  
 CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infectious ( ) Endocrine  
 ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General  
 ( ) Other: HepC; Psych/Arteriosclerotic  
 SUBJECTIVE: (Chief Complaint):  
 feebler some days bad. P side hurts  
 bad headache - quite focused on getting that  
 probably hepC since early 80's vaccine  
 OBJECTIVE: (Review System) Age: 50 Sex: Male Race:  
 B/P: 110/70 P: 70 Wt: 232 T: R/R: SO2%: Peak Flow:  
 HEENT: OK Last Op/Opht. Eval:  
 Heart: OM hair falling in scalp  
 Lungs: clear  
 Abdomen: soft BSF (L) cancer 2mm x 5mm  
 Genital/Rectal: area medull.  
 Extremities: flex feet scan lateral  
 Neuro: both feet  
 Recent Lab Results: ALT's 68, 67, 53, 96, 56, 53, 61, 47, 35  
 ASSESSMENT(S):  
 DSM IV Classification  
 Axis I:  
 Axis II:  
 Axis III: None  
 Preventative Care: Diet Exercise yes  
 Tobacco Use: Occasional Medication Side Effects: none

NAME OR MEDICAL FACILITY STATUS DEPART./SERVICE RECORDS MAINTAINED AT  
 SOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR FCI McKean  
 PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)  
 REGISTER NO. 07928-078 WARD NO.

Daryl Cherry

STANDARD FORM 600 (REV. 6-97) BACK

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

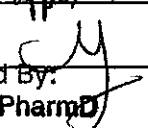
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8-25-03 0830	<p>State reported that he had enough supplies to last until next week. Wanted to cancel 1230 appointment with nurse today. Appointment cancelled.</p> <p style="text-align: right;">D. Tanner HIT D. Tanner, HIT</p>		
9/29/03 1230	<p>g: C/o hair falling x 2 months. Hair is falling out of face also. (P) stress, (P) HCV (P)</p> <p>State is ok for supplies of venous ulcer.</p> <p>(P) VAD noted circular patches of no hair or white hair of scalp a face. mild intertrigo noted.</p> <p>Rest of exam unremarkable.</p> <p>A: (P) vesicles? (P) HCV (P)</p> <p>P: (1) Education - stress management - if understands</p> <p>(2) P/w PRN</p> <p>(3) CBC, Chem 24, UA, AFP</p> <p>(4) D. Ithican 100 mg qd dispense #7 R-0</p> <p>(5) selenium sulfide lotion - apply for 15 min BID dispense #1 R-0</p> <p style="text-align: right;">Eric Asp PA-C</p> <p>Reviewed By: V. Geza, PharmD</p>		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 07928-078	WARD NO.

Cherry, Danny

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

000051

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/8/03	admin note:
2100	<p>labs back - has slightly elevated liver function</p> <p>↑ MCV, lymphocytes, monocytes, macrocytes, ↓ neutrophils -</p> <p>Schedule 10/16/03 to myself to check previous problems</p> <p>Recommend HIV test, steroids if diagnosed not improving.</p> <p>Eric Asp PA-C</p>
10/16/03	5: discuss labs.
1115	<p>Talked to Pt. about labs. His hair is getting somewhat better.</p> <p>O: NAP</p> <p>Exam unremarkable.</p> <p>As HCV ⊕</p> <p>P: ① HIV test - consent done</p> <p>② Education - HCV ⊕, HIV - Pt understands</p> <p>③ silvadene apply as needed dispense # 4 container R-1</p> <p>④ dressing supplies.</p> <p>⑤ consult Dr. Beam</p> <p>⑥ Silver nitrate apply BID dispense # 1 R-3</p> <p>Eric Asp PA-C</p>
	<p>Reviewed By: </p> <p>V. Geza, PharmD</p>



### CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT    TREATING ORGANIZATION (Sign each entry)

Adm. no show for talent  
will reschedule

H. BEAM, MD  
FCI MCKEAN

RECORDS MAINTAINED AT  
FBI McKean

RELATIONSHIP TO SPONSOR	
-------------------------	--

WARD NO.

REGISTER NO  
07928-078

Darryl Cherry

**STANDARD FORM 600 (REV. 6-97)**  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

600053

000054

Hepatitis B &amp; C

## Subjective Findings:

a. Medical complaints or concerns of patients:

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking:

2. Diet:

3. Activity:

4. Medications:

(1) Drug Side Effects:

(2) Drug Interactions:

5. Patient compliance with Therapeutic Regimen:

c. Impact of Condition on Activities of Daily Living:

d. Need for special Accommodations:

## Objective Findings:

a. Temp

Pulse 70

Resp

BP 100/70

Weight

229#

b. Pt's General Appearance:

c. Other Exam Findings:

bald spot 1 cm top of head  
 Hx - HIV neg  
 chancres  
 clean tonsils  
 medical (cancer) healed  
 (cervix)

PATIENT'S IDENTIFICATION (Use this space for official imprint)

RECORDS  
MAINTAINED  
AT:

FOR MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/

SPONSOR'S NAME

07928-078

ORGANIZATION

DEPART./SERVICE

CSR/IDENTIFICATION NO.

DATE

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 600 (1)  
 Prescribed by GSA  
 FPMR (41 CFR) 201-

000055

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

## Results

Date of Exam \_\_\_\_\_

WMI

Abstracts from [

WILL

Abnormal

**APPROXIMATE:**

**Diagnosis:**

Stavitskaya D. A., p. 100, 103 - Hep c  
Aelovskaya - Sculp

**Disease Progression/Complications:**

C. Attainment of Prior Therapeutic Goals:

d. Therapeutic Efficacy:

Place

2. Medications:

1440 07

4x4's & Tape

Silvadene - use daily #1wk x 3mo

~~Appointment Thursday, 11/11/11~~

HCT 350 ug / 200 A 230 A = 2

KCl 10 meq 720 @ #30 Rfz

ECAS4Tg: MOD 230RF2

Trental 400 mg 7 pks @ \$90 pck  
Bob's

Betane thaine out are bid #1, PR 2

*Cholecolecan cerebid* <sup>4</sup> RF 2

#### h. Therapeutic Goals for Next Clinic:

2. Next Diagnostic Studies Due: LFTTS

d. Return to Clinic 3/10

2. Patient Education (after topics discussed):

**(2) Nature of Disease**

⑧ Disease Complications, Progression, and Prognosis

## (2) Treatment Alternatives

( ) Diet

( ) - Weight Loss

( ) — Smoking

( ) Exercise

( ) Medication mechanism of action, instructions, side effects, interactions.

weekly - pick up  
of dreamy symbols

~~H BEAM, MD~~  
~~FCI MCKEAN~~

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/28/03 1145	S: Re ✓ ankle ulcer States is getting better. He is doing well O: NAD BP: 151/79 EAT: noted area of ① ankle & area of pre ulceration A: ulcer P: ① Flu as scheduled ② clean and rebandaged today ③ Education - wound care - Pt understands Curtis PA-C Eric Asp PA-C
6/4/03 1400	S: Re ✓ ankle ulcer States is getting better O: NAD EAT: noted area of ② ankle much improved A: ulcer P: ① Flu as needed ② clean and rebandaged today ③ Education - wound care - Pt understands ④ silvadene cream AAA OD dispense #1 tube 6/5/03 Reviewed By: V. Geza, PharmD. Curtis PA-C Eric Asp PA-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 07928-078	WARD NO.

Cherry, Darryl

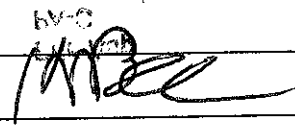

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

000057



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/29/03 1200	<p>Adm Mailing - out of mch for          @ ankle ulc          will schedule to P.A.          arcc. clinic time next week</p> <p>AV-C  </p>
7/31/03 1240	<p>③ Needs re-supply for daily Dressing &amp;          Needs gauze, Silvadene,          4% overgrown toe nails</p> <p>H. BEAM, MD          FCI MCKEAN</p>
	<p>① L medial ankle: 2 small superficial ulcers          the largest: 1mm diameter</p> <p>Severely overgrown &amp; discolored/thickened toenails</p> <p>④ Ankle ulcer. Onychomycosis &amp; overgrown nails</p> <p>① 1. Trimmed all nails &amp; medical grade clipper          2. Cleaned ankle wound &amp; Betadine. Applied DKG, wrap-around-          gauze --- secured &amp; tape.          3. Supplies dispensed to IM: Silvadene Gauze Tongue Depressor Tape.          4. FU per via HC.</p>
	<p> Steven Labrozzi, PA-C          Physician Assistant</p>

Hepatitis B &amp; C

## Subjective Findings:

a. Medical complaints or concerns of patient: *Peripheral Vascular Disease*

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking: *1 cig/day*2. Diet: *watching diet*3. Activity: *not lately*

4. Medications:

(1) Drug Side Effects:

(2) Drug Interactions:

5. Patient compliance with Therapeutic Regimen:

c. Impact of Condition on Activities of Daily Living:

d. Need for special Accommodations:

## Objective Findings:

a. Temp

Pulse

70

Resp

BP 88/60

Weight

236 lb

b. Pt's General Appearance:

c. Other Exam Findings:

*marginal skin, medial @ ankle*  
*HFEV, very chunky*  
*cheerful to see / NSSA*  
*woman*

PATIENT'S IDENTIFICATION (Use this space for  
biographical information)RECORDS  
MAINTAINED  
AT:

FETTERMAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GR

SPONSOR'S NAME

07928-078

ORGANIZATION

DEPARTMENT/SERVICE

SSN/IDENTIFICATION NO.

DATE OF

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Re  
Prescribed by GSA and  
FPMR (41 CFR) 201-10)

000059

Darryl Cherry

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION/(Sign each entry)		
	d. Diagnostic Studies	Results	Date of Exam
	ACT 96 (↑)	WNL	Abnormal
	56, 53, 61	WNL	Abnormal
	Assessment:		Net 3/21 Call me
	a. Diagnosis:	Hepc - Staniscenabity	
	b. Disease Progression/Complications:		
	c. Attainment of Prior Therapeutic Goals:		
	d. Therapeutic Efficacy:		
	Plans		
	a. Medications:	Hydrochlorothiazide 50mg 2 PO QD #30 RF 2 KCl 10 meq 1 PO QD #30 RF 2 Trental 400mg 2 PO QD #90 RF 2 ECASA 92 1 PO QD #30 RF 2 Siwacene daily #1 container	
	b. Therapeutic Goals for Next Clinic:		
	c. Next Diagnostic Studies Due:	3 mo	
	d. Return to Clinic:	LFT'S	
	e. Patient Education (Check topics discussed):	RF ankle weekly visits EPR all wrap	
	( ) Nature of Disease		
	( ) Disease Complications, Progression, and Prognosis		
	( ) Treatment Alternatives		
	( ) Diet		
	( ) Weight Loss		
	( ) Smoking		
	( ) Exercise		
	( ) Medication mechanism of action, instructions, side effects, interactions.	H. BEAM, MD FGL MCKEAN	

000060

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/2/03 1020	Intake Screening - see bus form. Reorder 30 day supply until Clinic.
to inmate	HCTZ 50 $\dot{\bar{r}}$ qd PO @ 0800 #7 Pentoxifylline 400 $\dot{\bar{r}}$ tab TID #21 Aspirin 325mg $\dot{\bar{r}}$ tab @ 0800 #7 N. NELSON, LPN
	Reviewed by D. Olson, MD Date. 5/2/03
5/2/03 1300	Adm Nth ⊕ HCV - put on GMD Clinic, 8 F/S Rx ① HCTZ 50, QD H30 ② Trenal 400, TID H90 ③ ASA 325, QD H30
5/7/03 Violette Geza, PharmD. RPh Chief Pharmacist	
	D. Olson, MD Clinical Director

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FBI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 07928-078	WARD NO.

Cherry, Darryl

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000061

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
2/28/03 SD	Amputation of 1st toe on R foot. 16" HCAWAP Issued.	
0943	L. Walker, PA FTC Oklahoma City	
3/31/03 0840 SD	S - Has uno boot on R lower leg - (2) leg. beginning to have tissue breakdown. D - Boot on R leg - R leg dry A - tissue breakdown on lower leg P - Consult to Dr. Wiles.	
	E. FARBY, PA FTC OKLA. CITY, OK	
3/31/03 SD	Medical Officer's Note (1) Supracondylar insufficiency 2nd toe. 2" IVDU. Concern about "break down lesion @ foot (2) Wound, about 6 cm x 4 cm in size No ulcerating lesions at this time. (3) Wound insufficiency (ankle) (4) R - 2nd plaster rolls (Wiles's Boot). Capt. Horn will order.	
	Mark Horn, Rph Federal Transfer Center, OK	
	L. Wiles, MD FTC Oklahoma City, OK	
HOSPITAL OR MEDICAL FACILITY		DEPART./SERVICE
SPONSOR'S NAME		RECORDS MAINTAINED AT
SSN/ID NO.		RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.
		WARD NO.

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/CMR  
FIRM (41 CFR) 201-9.202-1

FTC Oklahoma City, OK

000062



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
4/10/03	S - Head new uno Boal, Subalder & Tope	FLYING AND LOON SPL. USA 9821
0730	O - No Exam - Boal in Place	CHMOV 0001 VET. CH. DE MED. VT 0732
5D	A - Per - Vas Disease	15012 BY 1401
	P - Order New uno Boal	
		E. BARBY, PA FTC OKLA. CITY, OK <i>E. Barby</i>
4/25/03	NO SHOW FOR SICK CALL	
0950	E. Barby, PA	
5D	FTC Oklahoma City	

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/06/02	49 y.o. TBM. NKA.
1/3/00	S: Receive @ FDC Milan.
	L/R PVD. both legs, HTN, Hep C+
	L/R Feet repaired - 2° flat feet.
	L/R IVDA on heroine - last use 4 yrs. ago
	L/R Syphilis - trd. in 1996 - mt. Carroll Hosp. det.
	O: BP: 110/80, Edematous legs
	ulcers
	A: P.V.D. @ both legs, Hep C+
	P: 1. Refer to CCC.
	2. Pentoxifylline 400 mg TID # 30 RF-1
	3. HCTZ 50 mg daily # 15 RF-1
	4. ELASA 325 mg daily # 15 RF-1
	5. SIO policy Informed. W.F.B.
	- standing restriction, soft shoes.

12/9/02  
 Rx Filled & Counselor  
 Mr. David P. Pacheco  
 P. Pacheco, Pharm.D.

RESTITUTE  
 nmp

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHERRY, Darryl  
 07928 - 078

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1

000064

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/10/02 0900	<p>S. VLEN (Dante) PROESTING GOUTE  HX OF PERIPHERAL VASCULAR DISEASE  Heavy smoker  D. BP 120/80 RISK TO RETURN  Temp 97.8 WT 230 LBS RESP. 14X/min  HEENT / Lungs: UNremarkable  L. EXTREMITY: Xerosis, Small  ulceration medially (Dante)  A. Peripheral Vascular Insufficiency  P. Silvadene CR GOUTE 4x4, ACE Bandage  Provided for SELF care.  ENT moisturizing / Skin Care Dillyson</p>
unt	<p>medication: CCC HTN wt: 230</p>
12/19/02 1320	<p>S. Routine F/U in no problems and obs.  O. BP 100/60 P 72 R 16 P 98.0  HEENT - NOG  NOSE - NOG, mucous  CHEST - Clear &amp; normal breath, wheezes  CO - lungs unremarkable  ABD - NOG  GVL - NOG, to POD changes of skin  CLASS. d  A. ① itchy pruritus - WNL  P. ①, r/c in 3 months  ③ Renewal  L ASH 325 mg + 10 = Am #30490</p>

OVER

## EDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
------	--------------------------------	---

4/02	49400-7	
10/06	SI Starin denatally s' varicose veins Bilut - depending Breakdown (2) medial malleolus usually tx c Silvachne & elastic tape	
07	Starin A's medial Q ankle c some crusting; some fresh scab	

07 Starin denatally (2) medial ulcer

P1 silvachne used daily #30gm RT=1  
gauze pad #7  
Elastic tape  
Reduct mixture  
PTed - elevate leg, keep clean

Reviewed by: [Signature]  
Date: 6/4/02

H. BEAM, MD  
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT  
FCI McKean

PONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

07928-078

Darryl Cherry

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/CMR  
FIRM (41 CFR) 201-9.202-1

000066

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
8/26/02 1045hr	no show for callout to trim nails -	1/11/02 H. BEAM, MD FCI MCKEAN
9/5/02 0925hr	no show for callout to trim nails	1/11/02 H. BEAM, MD FCI MCKEAN

H. BEAM, MD  
FCI MCKEAN

10 Beer

**H. BEAM, MD**  
**FCI MCKEAN**

000067



DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

## GENERAL MEDICAL CHRONIC CARE CLINIC II

Hepatitis B &amp; C

## Subjective Findings:

a. Medical complaints or concerns of patient:

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking:

2. Diet:

3. Activity:

4. Medications:

(1) Drug Side Effects:

(2) Drug Interactions:

5. Patient compliance With Therapeutic Regimen:

c. Impact of Condition on Activities of Daily Living:

d. Need for special Accommodations:

## Objective Findings:

a. Temp

Pulse 70

Resp

BP 110/70 Weight 222#

b. Pt's General Appearance:

c. Other Exam Findings:

PATIENT'S IDENTIFICATION (Use this space for  
inical Imprint)Reviewed by D. Olson, MD  
Date: 8/7/02RECORDS  
MAINTAINED  
AT:

FCI/MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

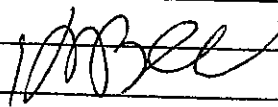
DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

000068

FF\_600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	d. Diagnostic Studies	Results	Date of Exam
		WNL	Abnormal
		WNL	Abnormal
	Assessment:		
	a. Diagnosis: <i>Hope; Periph Venous insufficiency, Periph Vene Radiculopathy R leg</i>		
	b. Disease Progression/Complications:		
	c. Attainment of Prior Therapeutic Goals:		
	d. Therapeutic Efficacy:		
	Plan:		
	b. Medications:	<i>Hydrochlorothiazide 50mg - 1 po QD #30 R#3</i> <i>EC-ASA 100mg po QD #30 R#3</i> <i>Pentoxifylline 400mg - 1 po TID #90 R#3</i> <i>Tolnaftate 1% ointment bid #1 R#3</i>	
	b. Therapeutic Goals for Next Clinic:		
	c. Next Diagnostic Studies Due:	<i>LEF's - 12/1/04 Bun. creat</i>	
	d. Return to Clinic:		
	e. Patient Education (Check topics discussed):		
	<input checked="" type="checkbox"/> Nature of Disease		
	<input checked="" type="checkbox"/> Disease Complications, Progression, and Prognosis		
	<input checked="" type="checkbox"/> Treatment Alternatives		
	<input type="checkbox"/> Diet		
	<input type="checkbox"/> Weight Loss		
	<input type="checkbox"/> Smoking		
	<input type="checkbox"/> Exercise		
	<input type="checkbox"/> Medication mechanism of action, instructions, side effects, interactions.		
	 <b>H. BEAM, MD</b> <b>FCI MCKEAN</b>		

000069

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

5-11-02 S: C/o feeling "dizzy and funny" from taking medication for smoke  
 405 cessation. States he doesn't want it anymore. Feels he can quit 5 ct.

O: NAD. Comfortable @ interview

A: drug sensitivity

P: Have I/M sign refusal form. Explain consequences of D/cing  
 med. PT. understands and signed form. RTC p.w. K. J. J., Jr

BONNIE SAYLOR, NP  
 FCI MCKEAN

Reviewed by D. Olson, MD  
 Date: 5/11/02

4/02 Failed to keep appt, Unit called

0830

D OLSON, M.D.

4/02 S - (dental consult for numm), says told had  
 0930 best numm ~10 yrs ago, 0 W/U, 0 SP, 0 S/OB

O - BP 110/70 P 72 R 16

Lung - clear

Heart - RRR, no numm, 0 G 6/4/02

A - (1) PLO numm - none now

num 210

P - (1) Don't need Ab's for dental work

D OLSON, M.D.

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT  
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

REGISTER NO.

07928-07Y

WARD NO.

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 8-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

Cherry, Dwayne

000070

[illegible]

SF\_600 (Face)

NSN 7540-00-634-4176

600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
5/6/02	GENERAL MEDICAL CHRONIC CARE CLINIC II		
	Hepatitis B & C		
1400hr	Subjective Findings:		
	a. Medical complaints or concerns of patient: <i>feels swollen a bit past 24 hrs - no abdominal pain</i>		
	b. Health Promotion/Disease Prevention Assessment:		
	1. Cessation of Smoking: <i>1/2 pack - really wants to stop</i>		
	2. Diet: <i>watched diet</i>		
	3. Activity: <i>works out</i>		
	4. Medications:		
	(1) Drug Side Effects: <i>no SEs</i>		
	(2) Drug Interactions:		
	5. Patient compliance With Therapeutic Regimen: <i>good</i>		
	c. Impact of Condition on Activities of Daily Living: <i>no</i>		
	d. Need for special Accommodations: <i>no</i>		
	Objective Findings:		
	a. Temp	Pulse <i>70</i>	Resp <i>12/80</i> Weight <i>2.25</i>
	b. Pt's General Appearance: <i>look well</i>		
	c. Other Exam Findings: <i>throat neg</i> <i>chest clear</i> <i>heartup</i> <i>ABLS 9/13/02</i> <i>stair 1's &amp; 2 lower 1's</i> <i>flat feet. fungal nails</i>		

PATIENT'S IDENTIFICATION (Use this space for mechanical Imprint)

RECORDS MAINTAINED AT:	FCI MCKEAN HEALTH SERVICES		
PATIENT'S NAME (Last, First, Middle Initial)			SEX
<i>Cherry, Dayl</i>			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	<i>07728 078</i>		

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
 Prescribed by GSA and ICMR  
 FIRM (41 CFR) 201-45.505

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SF 400 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	d. Diagnostic Studies	Results Date of Exam
2/25/02	ALT 61 (nl)	WNL Abnormal
		WNL Abnormal
	Assessment:	
	a. Diagnosis: Hep C - Unknown Status @ 10y Smoker - wants to stop	
	b. Disease Progression/Complications: no	
	c. Attainment of Prior Therapeutic Goals: OK	
	d. Therapeutic Efficacy:	
	Plan:	
	a. Medications:	
	EC ASA II 30 mg QD #30 RF3	
	Pentoxifylline 400 mg #90	
	TPO TTR RF3	
	Hydrochlorothiazide 50 mg #30 RF3	
	Tolnaftate 1% 100 mg bid #1 RF3	
	Wellbutrin 75 mg 100 mg bid #8 RF3	
	" " 75 mg 100 mg bid #10 RF3	
	b. Therapeutic Goals for Next Clinic: NA	
	c. Next Diagnostic Studies Due: 10y, Bru, Creat, LFTS	
	d. Return to Clinic: 3mo	
	e. Patient Education (Check topics discussed):	
	<input checked="" type="checkbox"/> Nature of Disease	
	<input checked="" type="checkbox"/> Disease Complications, Progression, and Prognosis	
	<input type="checkbox"/> Treatment Alternatives	
	<input type="checkbox"/> Diet	
	<input type="checkbox"/> Weight Loss	
	<input checked="" type="checkbox"/> Smoking	
	<input type="checkbox"/> Exercise	
	<input type="checkbox"/> Medication mechanism of action, instructions, side effects, interactions.	
	Patient Education Stay on wellbutrin x 2wks pick 5 top docs tell people around to bring compliance	
	H. BEAM, MD FCI MCKEAN	

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### CHRONOLOGICAL RECORD OF MEDICAL CARE

**SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)**

Im here for scheduled call-out appt. to have  
frenails clipped. Stated did not want it  
done today. Instructed to resign sic prin.  
Pt. understands

Queda Van Buren Pa

**Gracia Fairbanks, MLP**

RECORDS MAINTAINED AT

**RELATIONSHIP TO SPONSOR**

~~FCI McKean~~

**REGISTER NO.**

WARD NO.

Curry, Daniel  
07928-078

**STANDARD FORM 600 (REV. 5-97)**  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

000074

[illegible]

SF\_600 (Face)

NSN 7540-00-634-4176

600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/9/02	GENERAL MEDICAL CHRONIC CARE CLINIC II		
1240	Hepatitis B & C		
Subjective Findings:			
a. Medical complaints or concerns of patient:			
Fatigue, fatigue			
b. Health Promotion/Disease Prevention Assessment:			
1. Cessation of Smoking: No			
2. Diet: OK			
3. Activity: walking more			
4. Medications:			
(1) Drug Side Effects: none			
(2) Drug Interactions:			
5. Patient compliance With Therapeutic Regimen: OK			
c. Impact of Condition on Activities of Daily Living:			
d. Need for special Accommodations:			
Objective Findings:			
a. Temp	Pulse	Resp	BP Weight
	68	16	110/70 229
b. Pt's General Appearance: NAD			
c. Other Exam Findings:			
HEENT - Normal			
Lungs - clear Heart - RRR & H			
Abd - soft & nontender			

PATIENT'S IDENTIFICATION (Use this space for technical Imprint)

RECORDS MAINTAINED AT:		FDI MCKEAN HEALTH SERVICES	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
Cheng, David			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	07928-078		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
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000076

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	d. Diagnostic Studies	Results Date of Exam
		WNL Abnormal
	LFTs	WNL Abnormal
	Assessment:	
	a. Diagnosis: ① PCV ② Periph Vasc. insuff	
	b. Disease Progression/Complications:	
	c. Attainment of Prior Therapeutic Goals:	
	d. Therapeutic Efficacy: OK	
	Plan:	
	a. Medications:	
	① Terial 400 q BID #90 Rx2	
	② HCTZ 50 q QD #30 Rx2	
	③ EC ASA 325 q QD #30 Rx2	
	④ Antacid Cream BID Tink Rx1	
	⑤ Naproxen 250 q BID #20 Rx2	
	⑥ DCM Hctm	
	b. Therapeutic Goals for Next Clinic:	
	c. Next Diagnostic Studies Due: LFTs	
	d. Return to Clinic: 3 mo	
	e. Patient Education (Check topics discussed):	
	<input checked="" type="checkbox"/> Nature of Disease	
	<input type="checkbox"/> Disease Complications, Progression, and Prognosis	
	<input checked="" type="checkbox"/> Treatment Alternatives	
	<input checked="" type="checkbox"/> Diet	
	<input checked="" type="checkbox"/> Weight Loss	
	<input type="checkbox"/> Smoking	
	<input checked="" type="checkbox"/> Exercise	
	<input type="checkbox"/> Medication mechanism of action, instructions, side effects, interactions.	
	soft shoe pads	
	D. OLSON, M.D.	



NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/8/02 0925	<p>S: EM presents for F/U of wound on <del>dorsum</del> top of (L) foot. "It's a breakdown because of bad circulation. pt breaks down once a year"</p> <p>O: open lesion &amp; small amt. of blood in dressing on dorsal aspect of (L) foot. Feet are extremely macerated &amp; dry skin.</p> <p>A: bleeding microcracks</p> <p>P: Apply Vaseline. Wasp &amp; tulle and Kerlix. Apply o.c. pddle &amp; 4 drops. CBR &amp; BR + meals only. KTC as needed. pt understands.</p> <p style="text-align: right;">B Saylor NP  <b>BONNIE SAYLOR, NP</b>  <b>FCI MCKEAN</b></p> <p style="text-align: center;">Reviewed by D. Olson, MD                      Date: 1/9/02</p>
02-01-02 1400	<p><del>gastroenteritis</del></p> <p>S: C/o perianal rash between toes, burns + itches. 1/2 day, itching skin on both legs.</p> <p>O: NAD. maceration &amp; erythema interdigital bil. Dry, flaking skin bil. lower extremities.</p> <p>P: Mycelus #1, apply to AA BID. RX!</p> <p>A-D ointment #1, apply to AA BID. RX! pt e-hustion skin care. R+L p.R.N. pt understands.</p> <p style="text-align: right;">B Saylor NP  <b>Bonnie Saylor, NP</b></p> <p style="text-align: center;">Reviewed by D. Olson, MD                      Date: 1/9/02</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 07928-078	WARD NO.

Cherry, Darryl

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)  
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